

# Adult Survivors of Child Abuse

## – Cowra Support Group –

### Pattern

Below is a list of behaviours or observations - extracted from the support group meeting notes over 2015 and 2017 (this is yet to be completed) - which the group discusses on a regular basis and which therefore seems to fall in a category of pattern or behaviours which most survivors may adopt. Note that this does not mean ALL survivors experience ALL such behaviours. This list may be helpful when trying to change your behaviour and improve your daily life.

#### Notes:

Words published in italics are quoted from the survivor.

Dates in brackets refer back to the meeting as a measure of the regularity of the discussion on that topic.

- **Need to feel safe – physically and emotionally** [09.17]
- **Feeling ‘bad’ about the abuse** even though it was the full responsibility of adult/s, we were just children. [10.17] *The responsibility lies with the adult.* [06.17]
- **Difficult to trust others** [09.17] [07.16]
- **Difficult to recognise feelings and emotions** [01.15] , **to express feelings safely** [02.15]
- **Difficult to recognise when a break is needed**  
On a bad day – when emotionally drained – one often feels tired. It is often not easy to make sense of the trigger/s or the emotion/s, but recognising that the body is tired and deciding to rest is a good step forward. This at least enables the body to process the events, recharge the batteries, and be better prepared to whatever lies ahead. [09.16]
- **Difficulty with relationships:** The old saying: *It takes two to tango.* All people involved in relationships have a responsibility in the relationship. We all play a part. [02.16] [12.14] [01.15]  
Moving away or minimising contact from destructive or difficult relationships to protect ourselves. [02.15]
- **Difficult to set and protect personal boundaries**  
Becoming aware of the boundaries we need at a given time and stick to them regardless of what you think people expect of you. [06.17]

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- **Being your own self-enemy**  
Giving people clues about your own weaknesses provides them with the buttons to press to trigger you such as *'I am dyslexic...ADHD...survivor of child abuse...'* Be aware and refrain. [02.16]
- **Difficult to self-respect:** Whatever decision you make, ensure it remains in line with your own values; keep self-respect. You have to live with these decisions. [02.16]
- **Seeking approval:** Some of us realising that we seek approval in most of our daily tasks. It might be a lack of confidence, a fear of being criticised. Whatever the reason becoming aware helps us change our behaviour. Next time it happens we can pause and feel what is happening within us. [03.16]
- **Difficult to respect boundaries of others:**  
Survivors often have a tendency of wanting to right every wrong. Unfortunately this comes at a price – one of which is disrespecting the boundaries of others, disbelieving that they too have a capacity to decide for self and find their own solution to their own problem – which they will then own. Let others live their life offering support by sharing, not by 'fixing'. [06.17]
- **Overprotective:** Trust is a very important aspect of all relationships. We need to trust others so we can be safe and in turn, we need to be trustworthy for them too.  
Respecting them to make the appropriate decisions for themselves is one such aspect: it is not for us to decide how much we may hurt someone. It is disrespectful as it implies they cannot take responsibility for their own actions or feelings. Being mindful of others is appropriate, but being overprotective and not allowing them to own their actions or feelings is not appropriate.[02.17]
- **Difficult to say 'NO':** *As a survivor of sexual abuse, I was a pleaser. It is hard to say No'* [10.17]
- **Difficult to live in the present** [12.15]
- **Difficult to slow the mind down and to find ways to relax** [12.15]
- **Difficult to take charge of own health** [02.16]  
A General Practitioner is as much as specialist in the field of general medicine as a plumber or an electrician is in their field. Yet we usually take time to discuss the issue and work out solutions with our tradesmen so we negotiate the best solution for our dwelling but we do not take the time to discuss and negotiate with our GP the best solution for our own body. Next time try and engage with your GP as you would with any other service provider whom you pay for a service.
- **Difficult to take care of self:** B(e) G(entle) O(n) Y(ourself) (BGOY) and develop a plan – in however small steps is appropriate for you – with a set of guidelines to improve your life eg develop a list of triggers to avoid; write in a daily diary and identify three good things for the day every day however small they may be; have one thing to achieve every day; start taking charge of your health and make a step towards moving your body. This will also help building a healthier mind. [03.15]

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- **A drive to help others and forget about self.** [10.17]  
**Our urge to save the world:** Saving the world may be a distraction. Regardless of the reason, spend time committed to your own life. Consider the detox steps of the book *Who switched off my brain?* Spend time finding out who you are, what you like. And be gentle and patient with yourself as life-lasting changes only occur at a very slow pace. [06.16]
- **Self-doubt, Feeling of being useless** even though *I had all these proofs in front of me that I was useful* [10.17]
- **Need to justify all the time:** *I should not feel bad about what I need.* [10.17]
- **Fear:** We discussed the many fears which hold most people back and seem to affect us survivors even more so such as fear of conflict. Fear of conflict affects us greatly when we have to stand for ourselves in front of some authority figure – from parents to medical professionals to legal professionals. Fear of starting a new life as we recover from child abuse. [02.17]
- **Tendency to self-sabotage**  
 Examples: moving away from relationships when people seem too nice, providing people with labels (eg. *I am dyslexic*) as ammunition *others can use to hurt me more easily* [12.16], or sabotaging by overeating, or eating what we know does not agree with us. [07.17]  
 It is easy to self-destruct by staying in *that* dark place. It is easy to self-destruct by choosing to stay in *that* dark place. [10.16] [01.15] (Refer to the hint: Looking for drama when there is none)
- **Extreme reactions:** When deeply hurt, our first reaction might be extreme and one of the past eg. ‘I hate you’. When such self-talk occurs, listen, and acknowledge your hurt. Put it in the perspective of the present as it is probably not that extreme but feel the hurt which is real and gently address it. If safe, you may need to let the other person know you did get hurt. No one can read your mind and feel your pain. [07.17]  
 Our behaviour is often based on extremes – black and white, ups and downs, highs and lows, people: great friends one day, enemies the next. Becoming aware of our extreme reactions may help *de-wiring* how we react in order to get moderation in friendship. *De-wiring* is difficult especially if living in a *toxic* environment where sarcasm abounds as it is hard to differentiate between irony and genuine comments. [06.16]
- **Speechless:** We are often in situations where we would have liked to respond or react but remained speechless or frozen - such as attending an art workshop in an old convent or old jail bringing back childhood memories of child abuse or what felt like a life of imprisonment. [Vt] calls it ‘too much stimulation’. The situation can be such that we feel overwhelmed by our emotions and we don’t have time to process them all and cannot come up with a reaction at the time of the situation.  
 Depending on the circumstances – especially if few people are involved - we may be able to ‘ask for a

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pause' at the time so we have time to process. If we can't 'pause' but feel an answer has to be provided we will need to arrange to provide it at a later stage. This can be awkward but worthwhile in some circumstances. Many times we will give up on providing the answer, or the situation will never present itself again, or there is just nothing we can undo. We can still share the experience with people – whether friends or a therapist - we trust so we can make sense of why we became overwhelmed. Hopefully this will help lessen the 'stimulation' next time. [08.17]

- **Difficult to differentiate between friendship, affection, love, and sex.**

For some of us who have been sexually abused, what appeared to us at first as a high sexual drive, seems to be a drive to seek affection. Seeking affection through intimacy, not necessarily sex. [03.16]

- **Difficult to know what good parenting is**

How our behaviours are learnt from our environment including society and television and how difficult it can be for an adult survivor to develop good parenting skills when there is no role model around – especially valid 40 to 50 years ago when parenting courses were not available. [02.15]

- **Difficult to break the cycle of generational behaviours**

The behaviours we learnt as children and how we bring them to our future relationships; these behaviours which we sometimes learnt in an abusive environment and which we bring into future relationships. And the cycle continues... For some breaking the cycle meant leaving the abusive environment, using distance as a way to break the cycle and an opportunity to learn different behaviours. [10.16]

- **Difficult to remember the past**

'What is the good of trying to remember every minute of the past?' The past is present enough in our daily lives. Unless trying to remember is going to improve our daily life, is there a point in reliving the memories? [01.15] **Putting events in context:** Remembering the past may help to build a timeline and place events in context so both the bad times and the good times can be remembered. This helps trusting our memory and good times will be helpful to remember in times of hardship. The timeline also helps making sense of things and organises the thoughts, stopping the confusion created by incorrect memories reported by others around us. [02.15]

- **Difficult to figure out what is normal**

Survivors come through abnormal situations. And it is hard to discern what is normal to feel, and what is normal behaviour. Normality in society is hard to define. But as long as survivors realise that other survivors may feel the same, or behave the same, or share the same pattern, it does give that feeling and re-assurance that there is commonality amongst survivors and there is no need to overly worry about feeling in a certain way. It is now time to stop worrying about whether we are normal and instead focus energy on accepting the way we shaped ourselves to survive and try to change the areas of our life we do not think are acceptable. [01.15]

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